APR 0 5 2004 Thereby certify that this

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: ______ Signature: _____(Gloria Fuentes)

1642

Docket No.: WIBL-P01-561

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Golub et al.

Confirmation No. 2026

Application No.: 10/066,305

Art Unit: 1642

Filed: January 31, 2002

Examiner: Karen A. Canella

For: BRAIN TUMOR DIAGNOSIS AND

OUTCOME PREDICTION

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This Amendment is filed in response to the Office Action mailed December 31, 2003 in the above-identified application. Reconsideration and further examination are requested. Please amend the above-identified U.S. patent application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.

APR 0 5 2004 34

Docket No. AMENDMENT TRANSMITTAL LETTER WIBL-P01-561 Examiner Art Unit Filing Date Application No. 1642 January 31, 2002 K. A. Canella 10/066,305 Golub, et al. Applicants: Invention: BRAIN TUMOR DIAGNOSIS AND OUTCOME PREDICTION TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Highest Claims Number Remaining Number **Extra Claims** Previously After Rate Paid Present Amendment 33 22 **Total Claims** Independent х 4 Claims Multiple Dependent Claims (check if applicable) Other fee (please specify): 0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: Small Entity x Large Entity x No additional fee is required for this amendment. in the amount of \$ Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. to cover the filing fee is enclosed. A check in the amount of \$ _____ Payment by credit card. Form PTO-2038 is attached. x The Director is hereby authorized to charge and credit Deposit Account No. ____ 18-1945 as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. March 31, 2004 Dated: Gloria Fuentes Attorney Reg. No.: 47,580 ROPES & GRAY LLP 45 Rockefeller Plaza New York, New York 10111-0087 (212) 497-3624 I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the